

# Prior Authorization Requirements for United Healthcare Exchange Plans

Effective Jan. 1, 2022

## General Information

This list contains prior authorization requirements for participating care providers for Exchange Plans members in Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia, and Washington for inpatient and outpatient services listed below. To request prior authorization, please submit your request online:

- Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state

Site of Service review may apply to certain codes on this list.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	Prior authorization required	Prior authorization is required for all states.			
		23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25332
		25441	25442	25443	25444
		25446	25447	25449	26531
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		24366	25445	26530	26535
<b>Arthroscopy</b>	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		29805	29806	29807	29819
		29822	29823	29824	29825

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29827	29828	29834	29837
		29838	29840	29844	29845
		29846	29847	29860	29861
		29862	29863	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891
		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
<b>Bariatric</b>	Prior authorization required	43644*	43645*	43659	43770*
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771*	43772	43773*	43774
		43775*	43842*	43843*	43845*
		43846*	43847*	43848	43886
		43887	43888		
		Bariatric w/ DX	43860	43865	
		Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3,E66.8, E66.9, Z68.1, Z68.20 - Z68.22, Z68.30-Z68.39,Z68.41-Z68.45			
	*Authorization not required in AL, FL, GA, LA, OK, TN, TX VA, WA markets				
<b>Body Lengthening</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		25280	27685		
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0749	E0760	
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast Reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
	<b>Notification/prior authorization not required for the following diagnosis codes:</b>				
	C50.019	C50.011	C50.012	C50.111	
	C50.112	C50.119	C50.211	C50.212	
	C50.219	C50.311	C50.312	C50.319	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Breast Reconstruction (non-mastectomy) (continued)</b>		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13

<b>Cardiology</b>	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461	0571T	0614T	

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<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b>			
		33285	37220	37221	37224
		37225	37226	37227	37228
		37229	93580	93653	93656
		E0616			
		<b>Potentially Unproven</b>			
		33361	33362	33363	33364



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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**Cardiovascular (continued)**

33365      33366      33369

**Vascular**

75710\*      75716\*

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431
I70.432	I70.433	I70.434	I70.435
I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448
I70.449	I70.461	I70.462	I70.463
I70.468	I70.469	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518
I70.519	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		S81.801A S91.302A T82.319A T82.399A T82.868A	S81.802A S91.309A T82.338A T82.818A T82.898A	S81.809A T82.312A T82.392A T82.856A Z95.820	S91.301A T82.318A T82.398A T82.858A Z98.62
<b>Carpal Tunnel</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 29848      64721			
<b>Cartilage Implants</b>	Prior authorization required	27412 29867	27415 29868	27416 S2112	29866
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<b>Chemotherapy</b>	Prior authorization required	J9247 J1448 J1950 J9017 J9025 J9033 J9037 J9042 J9047 J9060 J9118 J9144 J9155 J9176 J9181 J9200 J9204 J9208 J9214 J9223 J9229 J9260 J9264 J9269 J9285 J9301 J9306 J9311	J0185 J1453 J2506 J9019 J9027 J9034 J9039 J9043 J9050 J9065 J9119 J9145 J9171 J9177 J9185 J9201 J9205 J9209 J9215 J9225 J9245 J9261 J9266 J9271 J9293 J9302 J9307 J9312	J0640 J1454 J9000 J9022 J9030 J9035 J9040 J9044 J9055 J9070 J9120 J9150 J9173 J9178 J9190 J9202 J9206 J9210 J9217 J9226 J9246 J9262 J9267 J9280 J9295 J9303 J9308 J9313	J0641 J1627 J9015 J9023 J9032 J9036 J9041 J9045 J9057 J9100 J9130 J9153 J9175 J9179 J9198 J9203 J9207 J9211 J9218 J9228 J9250 J9263 J9268 J9281 J9299 J9305 J9309 J9315

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9316	J9317	J9318	J9319
		J9320	J9325	J9328	J9330
		J9340	J9348	J9349	J9351
		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9360
		J9370	J9371	J9390	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2050	Q5107	Q5112
		Q5113	Q5114	Q5115	Q5116
		Q5117	Q5118	Q5119	Q5122
		Q5123			
<b>Clinical Trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	G0276 S9988	G0293 S9990	G0294 S9991	G2000
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710* 69718* L8617 L8627	69714* 69930 L8618 L8628	69715* L8615** L8619 V5273	69717* L8616 L8622
		*Authorization not required in AL, FL, GA, and MI markets			
		**Authorization not required in MI market			
<b>Congenital Heart Disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33741	33745	33746	33750
		33755	33762	33764	33766
		33767	33768	33770	33771
		33774	33775	33776	33777

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital Heart Disease (continued)</b>		33778	33779	33780	33781
		33782	33783	33786	33788
		33802	33803	33820	33822
		33840	33845	33851	33852
		33853	33917	33920	33924
		93530	93531	93532	93533
		93561	93562	93581	
<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	21137			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
<b>Durable Medical Equipment (DME)</b>	Prior authorization required	E0147	E0193	E0194	E0265
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0266	E0277	E0296	E0297
		E0300*	E0301	E0302	E0303
		E0304	E0316	E0328	E0329
		E0466	E0467	E0471	E0483
		E0486	E0565	E0574	E0618
		E0619	E0636	E0637	E0638
		E0639	E0640	E0641	E0642
		E0652	E0656	E0657	E0676
		E0720	E0730	E0731	E0745
		E0764	E0766	E0770	E0784
		E0958	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1012	E1015	E1016
		E1017	E1018	E1029	E1030
		E1035	E1036	E1161	E1229
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1800
		E1802	E1805	E1810	E1812
E1815	E1825	E1830	E1840		
E2201	E2202	E2203	E2204		
E2207	E2227	E2228	E2295		
E2310	E2311	E2312	E2313		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable Medical Equipment (DME) (continued)</b>		E2321	E2322	E2325	E2326	
		E2327	E2328	E2329	E2330	
		E2331	E2340	E2341	E2342	
		E2343	E2351	E2366	E2367	
		E2368	E2369	E2370	E2373	
		E2374	E2375	E2376	E2377	
		E2378	E2397	E2402	E2502	
		E2504	E2506	E2508	E2510	
		E2511	E2512	E2599	E2605	
		E2606	E2607	E2608	E2609	
		E2613	E2614	E2615	E2616	
		E2617	E2620	E2621	E2622	
		E2623	E2624	E2625	E2626	
		E2627	E2628	E2629	E2630	
		E2631	E2633	E8000	E8001	
		E8002	K0005	K0008	K0009	
		K0013	K0826	K0827	K0828	
		K0829	K0840	K0841	K0842	
		K0843	K0848	K0849	K0850	
		K0851	K0852	K0853	K0854	
		K0855	K0856	K0857	K0858	
		K0859	K0860	K0861	K0862	
		K0863	K0864	K0890	K0891	
		K0900	S1040			
			*Authorization not required in AL, FL, GA, IL, LA, MI and TX markets			
	<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	95965
			95966	95967	0191T	0253T
			0308T	0376T		
	<b>Foot Surgery</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
28285			28289	28291	28292	
28295			28296	28297	28298	
28299						
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
<b>Gender Dysphoria Treatment</b>	Notification or prior authorization required for the following when submitted with	11980	14000	14001	14041	
		15734	15738	15750	15757	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender Dysphoria Treatment (continued)</b>	a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	58661	58720
		58940	64856	64892	64896
<b>Gender Reassignment</b>	Prior authorization required	55970	55980	57335	
<b>Exclusions: AL, AZ, GA, LA, OK, TN, TX</b>					
<b>Genetic and Molecular Testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	<b>BRCA Genetic Testing</b>			
		81162	81163	81164	81165
<b>Exclusions: AL, FL, GA, IL, LA, MI, TX are excluded from Genetic and Molecular testing requirements for dates of service prior to Mar. 1, 2022</b>	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	<b>Genetic Testing</b>			
		81166	81212	81216	81432
		81433			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	81203
		81204	81205	81208	81209
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81434	81435
		81436	81437	81438	81439
		81440	81442	81443	81445
		81448	81460	81465	81470
		81471	81507	81518	81519
		81520	81521	81522	81546
		81554	81595	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0006M	0007M
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
		0026U	0027U	0030U	0031U
		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
	0111U	0129U	0154U	0155U	
	0157U	0158U	0159U	0160U	
	0161U	0168U	0169U	0170U	
	0171U	0172U	0173U	0175U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>		0177U	0179U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0197U
		0198U	0199U	0200U	0201U
		0203U	0205U	0209U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0234U	0235U
		0236U	0237U	0238U	0245U
		0246U	S3870		
	<b>Hearing</b>	Prior authorization required for members 21 and older	V5095	V5130	V5140
<b>Exclusions:</b>	V5255		V5256	V5257	V5258
<b>AI, FL, GA, MI, NC, OK, VA, WA</b>	V5259		V5260	V5267	
<b>Home Health</b>	Prior authorization required  For specific Prior Authorization requirements, the benefit plan document must be referenced to determine available coverage for Home Health, if any, as the terms of the member specific benefit plan vary by state.	G0155	G0156	S9122	S9127
		S9810	T1001	T1004	T1021
		T1030	T1031		
		<b>Enteral Nutrition</b>			
		S9340	S9341	S9342	S9343
		<b>Occupational Therapy</b>			
		G0158	G0160	S9129	
		<b>Physical Therapy</b>			
		G0157	G0159	S9131	
		<b>Physical Therapy/Occupational Therapy</b>			
		G0151	G0152		
		<b>Speech Therapy</b>			
		G0153	G0161	S9128	
	<b>Telehealth</b>				
	S9110				
<b>Hospice</b>	Prior authorization required	G0299	G0300	G0493	G0494
		S9126*	T2042*	T2043*	T2044*
		T2045	T2046		
		* Authorization not required in AL market			
<b>Hysterectomy</b>	Prior authorization required	Prior authorization is required for all states			
		58150	58152	58180	58260
		58262	58267	58270	58275
		58280	58290	58291	58292
		58294	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Hysterectomy (continued)</b>		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 58263			
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<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Infertility - regardless of diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
<b>Exclusions:</b> <b>AL, AZ, FL, GA, LA MI, NC, OK, TN, TX, VA, WA</b>		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
	S4023	S4025	S4026	S4028	
	S4030	S4031	S4035	S4037	

<b>Infertility – with listed diagnosis</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	<b>The following codes only require prior authorization if the DX code is also listed:</b>			
<b>Exclusions:</b> <b>None</b>		52402	54500	54505	55550
		58140	58145	58146	58660
		58662	58670	58672	58673
		58770			
		<b>DX codes:</b>			
		E23.0	N46.01	N46.021	N46.022
		N46.023	N46.024	N46.025	N46.029
		N46.11	N46.121	N46.122	N46.123
		N46.124	N46.125	N46.129	N46.8
		N46.9	N97.0	N97.1	N97.2
	N97.8	N97.8	N97.9	N98.1	

<b>Injectables</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	<b>Injectable Medications</b>			
		90283	90284	90378	A9513
		A9590	A9606	A9699	C9085
		C9086	J0129	J0178	J0179
		J0180	J0202	J0207	J0221
		J0222	J0223	J0224	J0256
		J0257	J0364	J0490	J0517
		J0565	J0567	J0570	J0584
		J0585	J0586	J0587	J0588
		J0596	J0597	J0598	J0606



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectables (continued)**

J0638	J0642	J0741	J0775
J0791	J0800	J0850	J0881
J0885	J0888	J0895	J0896
J0897	J1290	J1300	J1301
J1303	J1305	J1322	J1325
J1426	J1427	J1428	J1429
J1437	J1439	J1442	J1447
J1458	J1459	J1460	J1555
J1556	J1557	J1558	J1559
J1560	J1561	J1566	J1568
J1569	J1572	J1575	J1599
J1602	J1632	J1640	J1645
J1650	J1652	J1726	J1729
J1740	J1743	J1745	J1746
J1786	J1823	J1930	J1931
J1950	J1951	J2182	J2315
J2323	J2326	J2350	J2353
J2354	J2357	J2425	J2502
J2503	J2506	J2507	J2724
J2778	J2786	J2787	J2796
J2820	J2840	J3032	J3060
J3095	J3111	J3240	J3241
J3245	J3262	J3285	J3304
J3315	J3316	J3358	J3380
J3385	J3396	J3397	J3398
J3399	J3489	J7196	J7197
J7318	J7320	J7321	J7322
J7323	J7324	J7325	J7326
J7327	J7328	J7329	J7331
J7332	J7352	Q0138	Q0139
Q5101	Q5103	Q5104	Q5106
Q5108	Q5110	Q5111	Q5120
Q5121	Q5122	Q5123	Q9991
Q9992	S0013	S1091	

**Injectable Medications - Unclassified**

J3490\* J3590\*

\*For unclassified codes J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nexviazyme®, Nulibry™, Revcovi™, Ryplazim®, Saphnelo™ and Voraxaze®

<b>Injection Arthrogram</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 27096
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Mastectomy</b> <b>Exclusions:</b> <b>AL, AZ, FL, GA, IL, LA, MD, MI, NC, OK, TN, TX, VA</b>	Prior authorization required	19300			
<b>Medical &amp; Surgical Supplies</b>	Prior authorization required	A4557 A6503 A6507 A9274	A4600 A6504 A6508 A9282	A6501 A6505 A6509	A6502 A6506 A6513
<b>Neurostimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	43648 61867 64553 64595 0317T*	43882 61868 64555 0314T L8681	61863 61885 64568 0315T	61864 61886 64590 0316T*
*Prior authorization is not required in AL, AZ, FL, GA, IL, LA, MD, MI, NC, TX VA WA					
<b>Orthognathic Surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21010 21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21050 21123 21142 21147 21155 21193 21198 21209 21242 21246 21255	21060 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21116 21127 21145 21151 21160 21195 21206 21215 21244 21248
<b>Orthotics and Prosthetics</b>	Prior authorization required	L0112 L0482 L0624 L0636 L1840 L1950 L2036 L2330 L2755 L3674 L3766 L3904 L3961 L3975 L4030	L0220 L0484 L0629 L0638 L1844 L2005 L2037 L2387 L2840 L3763 L3806 L3905 L3967 L3976 L4631	L0452 L0486 L0632 L0640 L1845 L2020 L2038 L2520 L2850 L3764 L3900 L3921 L3971 L3977 L5010	L0480 L0622 L0634 L1300 L1846 L2034 L2232 L2526 L3671 L3765 L3901 L3935 L3973 L3978 L5020

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5530
		L5535	L5540	L5585	L5590
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5673	L5679	L5681
		L5683	L5703	L5704	L5705
		L5706	L5707	L5722	L5724
		L5726	L5728	L5780	L5795
		L5814	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5859	L5930	L5960
		L5961	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5987	L5988	L6000	L6010
		L6020	L6026	L6050	L6055
		L6120	L6130	L6200	L6205
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6611	L6615
		L6616	L6620	L6621	L6624
		L6629	L6638	L6648	L6693
		L6696	L6697	L6707	L6880
		L6881	L6882	L6884	L6885
		L6895	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7259	L7499	L8629	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain Injections</b>	Prior authorization required	Prior authorization is required for all states. 62291    62292    64620    G0259 G0260 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 62281			
<b>Pain Management</b>	Prior authorization required	Prior authorization is required for all states. 62320    62322    62323    62324 62325    62326    62327    62350 62351    62360    62361    62362 62367    62368    62369    62370 64405    64408    64415    64416 64417    64418    64420    64430 64445    64446    64447    64448 64449    64450    64451    64483 64484    64505    64510    64517 64520    64640    E0782    E0783 E0785    E0786 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 20552    20553    62321    64479 64490    64493    64600    64633 64635			
<b>Potentially Cosmetic</b>	Prior authorization required	Prior authorization is required for all states. 11960    11970    11971    14020 14021    14061    14302    15570 15572    15574    15730    15733 15740    15756    15820    15821 15822    15823    15877    15878 15879    21138    21139    21172 21175    21179    21180    21181 21182    21183    21184    21230 21235    21256    21260    21261 21263    21267    21268    21275 21280    21282    21295    21740 21742    21743    28344    30400 30410    30420    30430    30435 30450    30460    30462    30465			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially Cosmetic (continued)</b>		30468	30540	30545	30560
		30620	31295	31296	31297
		31298	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
			Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX		
		14040	14060	14301	17106
		17107	17108		
<b>Private Duty Nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Exclusions:</b> AI, AZ, FL, GA, MD, TN, TX, VA, WA					
<b>Prostate</b>	Prior authorization required	52441	52442	55866	55874
		<b>Cryosurgical Ablation of Prostate</b>			
		55873			
		<b>Prostate Microwave</b>			
		53850	53852		
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons	Prior authorization required Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiation Therapy</b>	Prior authorization required	32701	61796	61798	61799
		61800	63620	77301	77371
		77372	77432	77435	G0339
		G0340			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		71271	76376	76377	76391
		78012	78013	78014	78015
	• Certain CT, MRI, MRA and PET scans	78016	78018	78070	78071
		78072	78075	78099	78102
	• Nuclear medicine and nuclear cardiology procedures	78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Radiology (continued)		78278	78282	78290	78291	
		78299	78300	78305	78306	
		78315	78399	78428	78429	
		78430	78431	78432	78433	
		78445	78451	78452	78453	
		78454	78456	78457	78458	
		78459	78466	78468	78469	
		78472	78473	78481	78483	
		78491	78492	78494	78496	
		78499	78579	78580	78582	
		78597	78598	78599	78600	
		78601	78605	78606	78608	
		78609	78610	78630	78635	
		78645	78650	78660	78699	
		78700	78701	78707	78708	
		78709	78740	78761	78799	
		78800	78801	78802	78803	
		78804	78811	78812	78813	
		78814	78815	78816	78830	
		78831	78832	78999	0501T	
		0502T	0503T	0504T	0609T	
		0610T	0611T	0612T	0623T	
		0624T	0625T	0626T	0633T	
		0634T	0635T	0636T	0637T	
		0638T	0648T	0649T	C9762	
		C9763	G0235	G0252	S8085	
		S8092				
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in MD andTX				
			70336	70450	70460	70470
			70480	70481	70482	70486
			70487	70488	70490	70491
			70492	70496	70498	70540
			70542	70543	70544	70545
			70546	70547	70548	70549
			70551	70552	70553	70554
		70555	71250	71260	71270	
		71275	71550	71551	71552	
		71555	72125	72126	72127	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
		72191	72192	72193	72194
		72195	72196	72197	72198
		73200	73201	73202	73206
		73218	73219	73220	73221
		73222	73223	73225	73700
		73701	73702	73706	73718
		73719	73720	73721	73722
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74263	74712	74713	75557
		75559	75561	75563	75571
		75572	75573	75574	75635
		76380	76390	76497	76498
		77021	77046	77047	77048
		77049	77084	C8900	C8901
		C8902	C8903	C8905	C8906
		C8908	C8909	C8910	C8911
		C8912	C8913	C8914	C8918
		C8919	C8920	C8931	C8932
		C8933	C8934	C8935	C8936
		S8037	S8042		

Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  
 For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile. on your Provider Portal dashboard. Or, call **866-889-8054**.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service - Office based procedures</b> <b>Exclusions:</b> <b>TX</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b>			
		11402	11403	11404	11406
		11420	11421	11422	11423
	Prior authorization not required if performed in an office	11424	11426	11442	
		<b>General Surgery</b>			
		19000			
		Neurologic			
		62270			
		<b>OB/GYN</b>			
		57460			
<b>Respiratory</b>					
31579					
<b>Site of service (SOS) – outpatient hospital</b> <b>Exclusions:</b> <b>TX</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Arthroscopy</b>			
		29820	29821		
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	29830	29835	29836	29900
		29901	29902		
		<b>Cardiovascular</b>			
	37761				
	<b>Dermatologic</b>				
	11441				
	<b>Potentially Cosmetic</b>				
	11440	11443	11444	11446	
	17110	17111			
	<b>Surgery</b>				
	10180	11000	11010	11012	
	11451	11462	11463	11470	
	11471	11601	11602	11603	
	11604	11620	11621	11622	
	11623	11626	11640	11641	
	11642	11643	11644	11646	
	11750	11755	11760	11772	
	12031	12032	12034	12035	
	12037	12041	12042	12051	
	12052	13100	13120	13131	
	13151	13152	15220	15260	
	15576	15760	15770	15850	
	17000	17004	17311	17313	
	19101	19110	19112	20200	
	20205	20220	20225	20240	
	20245	20520	20525	20526	
	20551	20600	20604	20605	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		20606	20610	20611	20612
		20693	20694	20912	21011
		21014	21030	21031	21040
		21046	21048	21315	21325
		21330	21335	21337	21356
		21365	21385	21390	21407
		21550	21557	21920	21932
		21933	22900	22901	23076
		23120	23140	23150	23405
		23415	23430	23440	23480
		23615	23630	23700	24000
		24006	24065	24066	24073
		24075	24076	24101	24102
		24105	24110	24120	24130
		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24515
		24516	24586	24615	24665
		24666	25000	25071	25073
		25075	25076	25085	25105
		25107	25109	25110	25111
		25112	25115	25118	25120
		25130	25151	25210	25215
		25230	25240	25260	25270
		25275	25290	25295	25350
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26350	26356
		26357	26392	26410	26418
		26420	26426	26432	26433
		26437	26440	26442	26445
		26455	26480	26500	26502
		26516	26520	26525	26540

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		26541	26542	26567	26608
		26615	26650	26665	26676
		26715	26727	26735	26742
		26746	26756	26765	26841
		26842	26850	26860	26862
		26910	26951	26952	27006
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29800	29804	29906	30000
		30020	30100	30110	30115
		30117	30118	30130	30220
		30310	30580	30630	30801
		31020	31030	31032	31200
		31205	31526	31528	31529
		31530	31540	31545	31570
		31571	31574	31575	31576

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		31578	31591	31611	31622
		31623	31625	31628	31652
		32555	32557	33215	33216
		33241	35045	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40520	40525
		40530	40810	40812	40814
		40816	41105	41110	41112
		41113	41116	41520	41825
		42100	42104	42106	42107
		42140	42330	42335	42405
		42408	42410	42420	42425
		42450	42500	42650	42800
		42804	42808	42810	42831
		42870	43191	43195	43197
		43202	43214	43220	43226
		43229	43233	43240	43241
		43250	43253	43260	43261
		43265	43270	43274	43275
		43276	43450	43453	44340
		44364	44369	44376	44377
		44380	44381	44382	44385
		44386	44388	44389	44392
		44394	44705	45100	45172
		45190	45305	45340	45341
		45342	45346	45349	45350
		45379	45386	45389	45398
		45505	45541	45560	45905
		45910	45915	46030	46045
		46060	46080	46083	46230
		46257	46258	46262	46280
		46285	46320	46606	46607
		46610	46612	46615	46706
		46707	46917	46924	46930
		46940	46945	46947	46948



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		49082	49083	49180	49250
		49422	49520	49521	49525
		49550	49553	49570	49572
		49656	49900	50430	50435
		50575	50688	51102	51702
		51710	51715	51720	51726
		51728	51729	52001	52007
		52214	52265	52275	52282
		52283	52285	52300	52315
		52317	52325	52327	52330
		52341	52354	52450	52500
		52630	52640	53020	53230
		53260	53265	53270	53440
		53445	53450	53500	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54150	54162	54163	54164
		54300	54360	54450	54512
		54530	54600	54620	54640
		54700	54830	54860	55041
		55060	55100	55110	55120
		55500	55520	55540	56405
		56420	56440	56441	56442
		56501	56515	56605	56620
		56700	56740	56810	56821
		57000	57061	57065	57100
		57105	57106	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410
		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	58700
		58925	59150	59151	64425
		64435	64530	64581	64585
		64610	64642	64644	64646
		64647	64702	64718	64719
		64774	64776	64782	64784

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service (SOS) – outpatient hospital (continued)</b>		64788	64795	64831	64835	
		64910	65275	65400	65420	
		65435	65436	65750	65755	
		65772	65778	65779	65800	
		65815	65850	65865	65875	
		65920	66172	66185	66682	
		66840	66850	66852	66983	
		66985	67005	67015	67025	
		67039	67043	67101	67107	
		67110	67120	67121	67145	
		67210	67218	67220	67221	
		67314	67316	67318	67345	
		67400	67412	67414	67420	
		67445	67550	67560	67700	
		67800	67801	67805	67808	
		67875	67880	67935	67938	
		67971	67973	67975	68100	
		68135	68440	68700	68750	
		68811	69100	69110	69140	
		69145	69222	69310	69320	
		69421	69424	69433	69440	
		69450	69505	69550	69602	
		69610	69620	69632	69633	
		69635	69636	69641	69642	
		69643	69644	69645	69646	
		69650	69660	69661	69662	
		69666	69801	69805	69806	
			<b>Surgical Procedures on the Auditory System</b>			
			69205	69436	69631	
			<b>Surgical Procedures on the Cardiovascular System</b>			
			36590			
			<b>Surgical Procedures on the Digestive System</b>			
			42415	42440	42820	42821
			42825	42826	42830	43200
		43235	43236	43237	43238	
		43239	43242	43245	43246	
		43247	43248	43249	43251	
		43254	43255	43259	44360	
		44361	45171	45334	45335	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		45378	45380	45381	45384
		45385	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	47000
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655	G0105	G0121	
			<b>Surgical Procedures on the Eye and Ocular Adnexa</b>		
		65426	65730	65820	65855
		66170	66250	66710	66711
		66761	66821	66825	66982
		66984	66986	66987	66988
		67010	67028	67036	67040
		67041	67042	67105	67108
		67113	67228	67311	67312
		67840	68110	68115	68320
		68720	68815		
		<b>Surgical Procedures on the Female Genital System</b>			
		57240	57250	57288	57461
		57520	57522	58353	58558
		58561	58562	58563	58565
		<b>Surgical Procedures on the Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Surgical Procedures on the Integumentary System</b>			
		10121	11450	11624	11770
		13101	13121	13132	15100
		15120	15240	19020	19120
		19125			
		<b>Surgical Procedures on the Male Genital System</b>			
		54161	54840	55040	55700
		<b>Surgical Procedures on the Musculoskeletal System</b>			
		20680	21012	21013	21320
		21336	21552	21554	21555
		21556	21930	21931	22902
		22903	23071	23075	24071

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		27327	27337	27632	28035
		28039	28041	28060	28080
		28090	28104	28110	28118
		28119	28124	32408	
		<b>Surgical Procedures on the Nervous System</b>			
		64561			
		<b>Surgical Procedures on the Respiratory System</b>			
		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
		<b>Surgical Procedures on the Urinary System</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
		65756	65780		
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 21685  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 42145			
<b>Sleep Studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95805 95811	95807	95808	95810
<b>Spinal Cord Stimulator</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization is required for all states. 63650 63655 63662 63664  63685 63688 64570 L8679  L8680 L8682 L8683  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX 63661 63663			
<b>Spine Surgery</b>	Prior authorization required	Prior authorization is required for all states. 20930 20931 20939 22100  22101 22102 22103 22110  22112 22114 22116 22206			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine Surgery (continued)		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	27279
		27280	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63035
		63040	63042	63043	63044
		63045	63046	63047	63048
		63050	63051	63055	63056
		63057	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63170	63172
		63173	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
		63305	63306	63307	63308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		0095T	0098T	0164T	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		22513	22514		
<b>Surgery</b>	Prior authorization required	0402T			
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38208	38209	38210
		38212	38213	38214	38215
		38230*	38232*	38240	38241
		38242	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47144	47145	47146	48554
		50325	50340	50360	50365
		50370	50380	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		*Codes with an asterisk only require prior authorization for an oncology diagnosis			
		<b>CAR-T</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
<b>Transplant - Corneal Transplant</b>	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		65710			
<b>Transportation</b>	Prior authorization required	A0426	A0428	A0430	A0431
		A0432	A0433	A0434	A0435
		A0436	A0998	S9960	S9961
<b>Unlisted</b>	Prior authorization required	17999	19499	20999	21089
		21299	21899	22899	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Unlisted (continued)</b>		31899	32999	33999	36299
		37501	37799	38589	38999
		39599	40799	40899	41599
		41899	42299	42699	42999
		43289	43499	43999	44238
		44799	44899	44979	45399
		45999	46999	47399	47579
		47999	48999	49329	49659
		49999	50549	53899	54699
		55899	58578	58579	58679
		58999	59897	59898	59899
		60659	60699	64999	66999
		67299	67399	67599	67999
		69799	69949	69979	76496
		76499	76999	77299	77399
		77499	77799	79999	81479
		81599	84999	86849	89240
		89398	90399	90999	91299
		92499	92700	93799	94799
		95199	95999	96549	96999
		99600	A0999	A9999	B9998
		B9999	E1399	J3490	J3590
		J9999	K0108	L1499	L2999
		L3999	L5999	L8499	

<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	Prior authorization is required for all states.			
		36468	36470	36471	36473
		36474	36475	36476	36478
		36479	37243	37700	37718
		37722	37780		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in TX			
		37765	37766	37785	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Ventricular Assist Devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . 33927    33928    33929    33975 33976    33979    33981    33982 33983

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), ., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates

